



INTRODUCTION

- Bariatric surgery is known to improve weight loss and comorbidities in compensated cirrhosis patients.
- National-level outcomes data for the timing of key perioperative complications are limited.
- The goal of this study was to evaluate the impact of liver disease on the timing of bowel obstruction, venous thrombosis, and anastomotic leaks following bariatric surgery using the 2023 MBSAQIP database.

METHODS

- A retrospective cohort analysis was conducted using 2023 MBSAQIP data.
- Patients were stratified by liver disease status and surgery type.
- Outcomes of Interest: time to bowel obstruction/venous thrombosis requiring treatment/anastomotic leak; 30-day Readmission, 30-day ICU Admission, Post-operative Anastomotic Leak
- All statistical analyses were performed using SAS version 9.4.

RESULTS

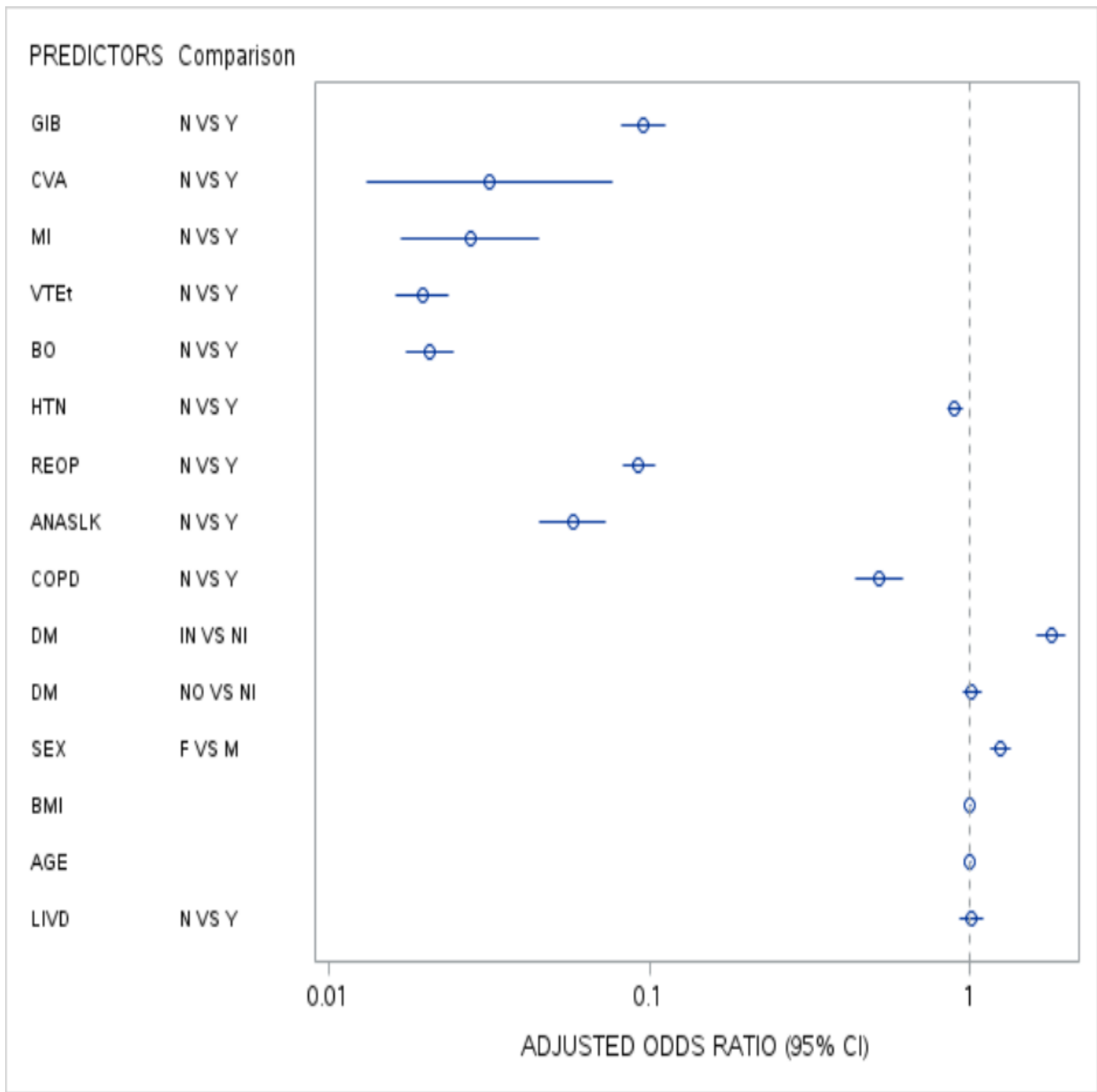


Figure 1. Multivariate Regression for 30-Day Readmission. GIB = GI Bleed; VTEt = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

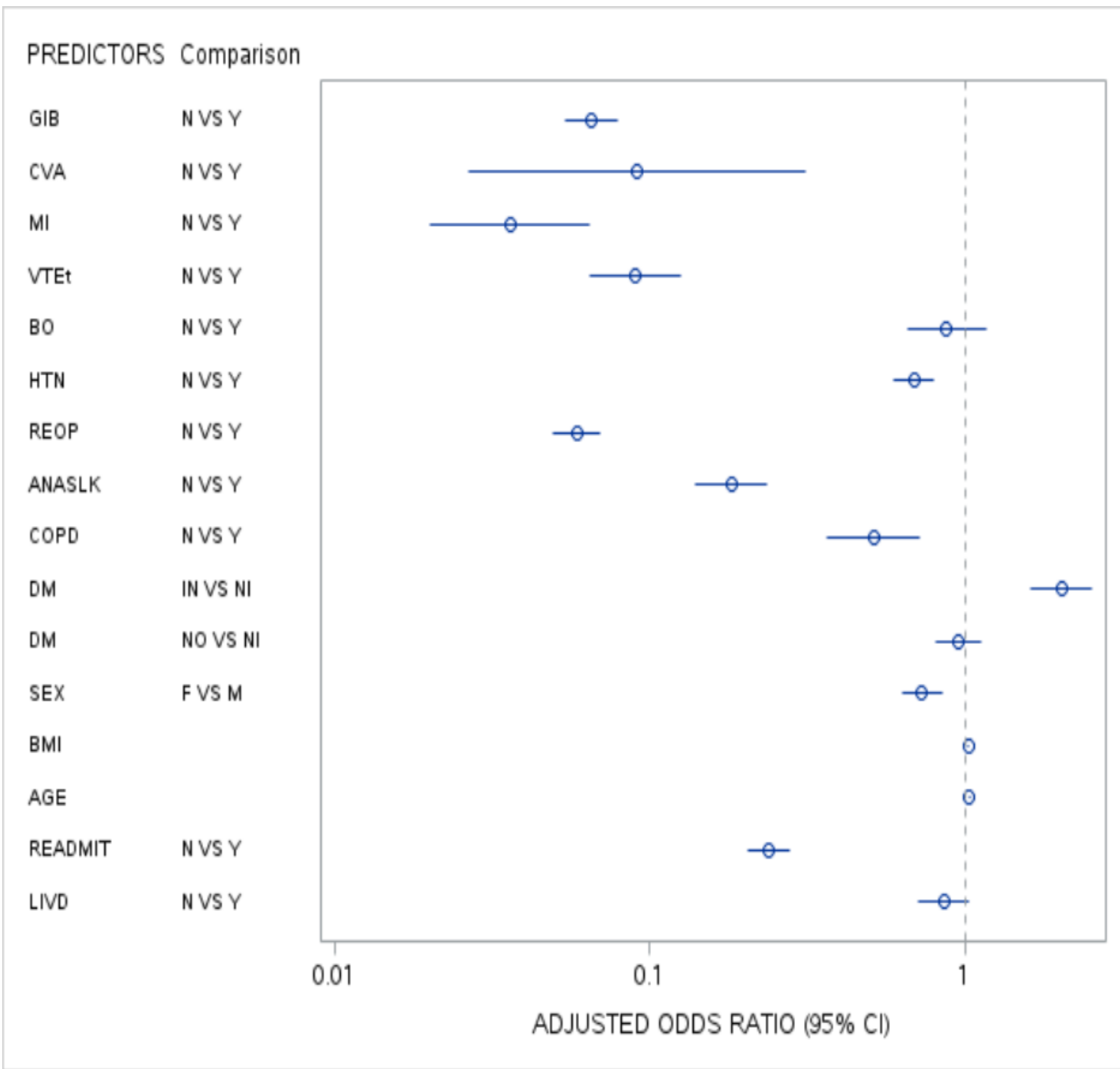


Figure 2. Multivariate Regression for Unplanned ICU Admission in 30 days. GIB = GI Bleed; VTEt = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

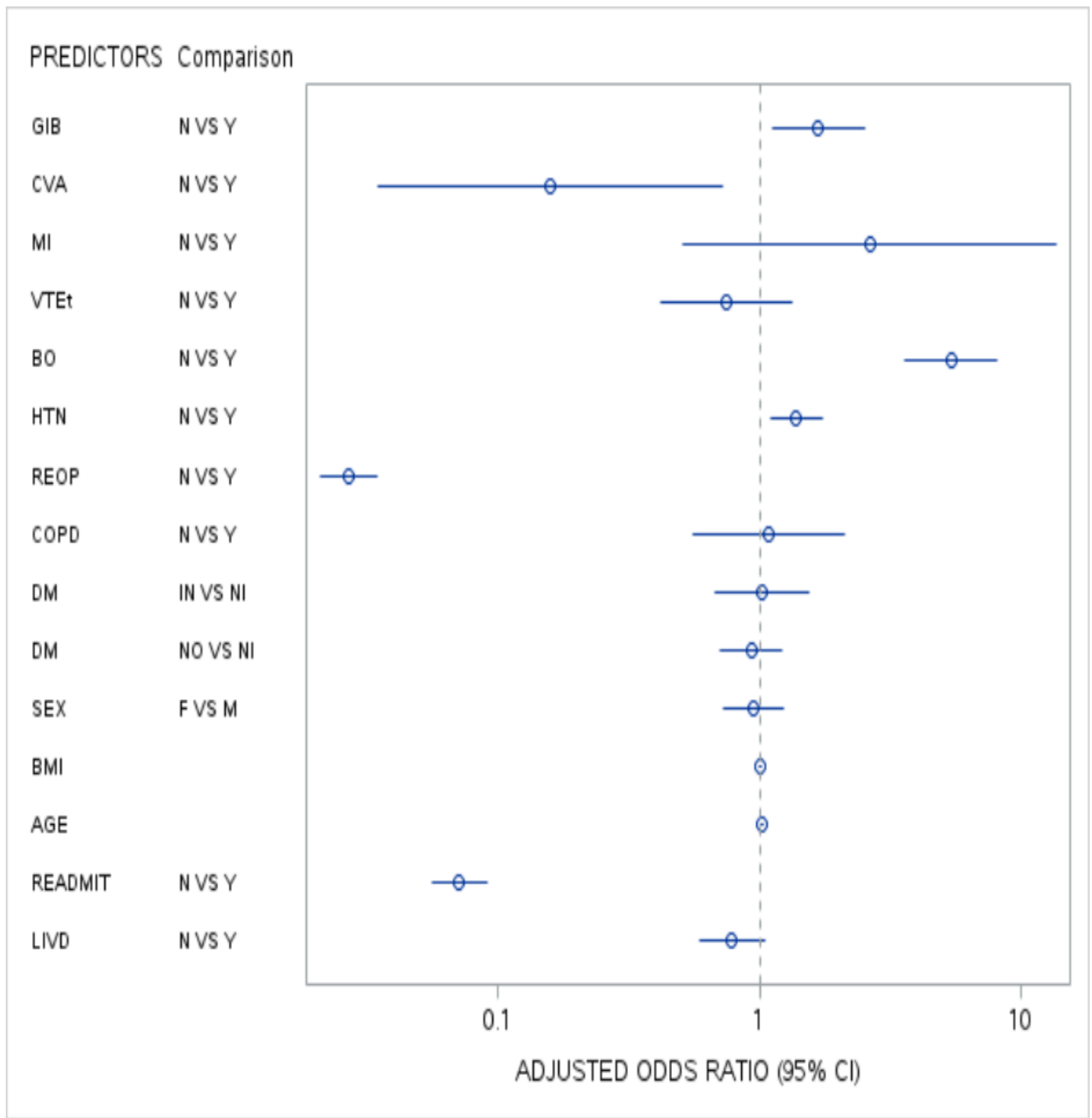


Figure 3. Multivariate Regression for Postoperative Anastomotic Leak. GIB = GI Bleed; VTEt = VTE requiring treatment; BO = Bowel Obstruction; ANASLK = anastomotic leak; IN = insulin-dependent; NI = non-insulin-dependent; NO = no diabetes

CONCLUSIONS

- Liver disease does not appear to have an independent association with 30-day Readmission, 30-day ICU Admission, or Postoperative Anastomotic Leak.
- Liver disease does not appear to have a significant association with the timing of key postoperative complications following bariatric surgery.
- Liver disease should not preclude patients from being evaluated for bariatric surgery.
- Further research is needed to stratify patients based on stage of liver disease.

REFERENCES

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- Of 217,952 patients, 24,240 had liver disease. Demographics and comorbidities were not significantly different among patients.
- There were no significant differences in the timing of bowel obstruction (6.62 vs. 6.61 days, P=0.93), venous thrombosis (13.44 vs. 13.9 days, P=0.75), or anastomotic leak (9.64 vs. 8.82 days, P=0.52) between those with and without liver disease.
- Multivariate analysis showed not independent association between liver disease and 30-day readmission, post-operative ICU admission, and anastomotic leak, as well as no independent risk factors for timing of bowel obstruction, venous thrombosis, or anastomotic leak.